

11/535736

**MULTIPLE INDEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		11			
2	/		/			
3						
4	2					
5	2					
6	2					
7	2					
8	2					
9	3					
10	3					
11	3					
12	6					
13	10		1			
14	10		1			
15	10					
16	10		1			
17	10		1			
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50						
TOTAL IND.			2			
TOTAL DEP.			17			
TOTAL CLAIMS			22			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						